

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

27190A

1. PLACE OF DEATH

75 County Oregon  
Township Washington  
City Medford (No. 21381)

Registration District No. 631  
Primary Registration District No. 5-8-3-3

File No. 10  
Registered No. 10 St. 10 Ward 10

2. FULL NAME Frederick Louless

(a) Residence, No. 10 St. 10 Ward 10

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1925

7. AGE YEARS 7 MONTHS 10 DAYS 16 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer, Mo.

13. NAME Robert Louless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon - Co.

15. MAIDEN NAME Madge Childers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon - Co.

17. INFORMANT Robert Louless (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washburn Cem. DATE 1933

19. UNDERTAKER Leo Cass (ADDRESS)

20. FILED 11-10, 1933 Pearl M. Mittlebecker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-33

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933, to Aug 16, 1933

I last saw alive on Aug 16, 1933. Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

Peritonitis acute Date of onset Aug 16-33

Other contributory causes of importance: Appendicitis Aug 13-33

Name of operation Appendectomy Date of Aug 13-33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 1933

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Signature M. D.

(Signed) W. H. Burton M. D.

(Address) 8

